

CITY OF TITUSVILLE, PA FOOD ESTABLISHMENT INSPECTION REPORT

CITY OF TITUSVILLE DEPARTMENT OF HEALTH		No. of Risk Factor/Interventions Violations		Date 10/2/19	
		No. of Repeat Risk Factor/Intervention/Violations		Current Expiration 10/9/2019	
Establishment Save-A-Lot		Location 111 Diamond St.		Phone	
License / Permit #	Contact/Permit Holder	Purpose of Inspection Routine Follow-up	Est Type FS RS	Risk Category High Medium Low	

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R. IN = in compliance, OUT = not in compliance, N/O = not observed, N/A = not applicable, COS = corrected on-site during inspection, R = repeat violation.

Compliance Status		COS	R	Compliance Status		COS	R		
Demonstration of Knowledge									
1	IN OUT	Certification by accredited program, compliance with Code, or correct responses			16	IN OUT N/A N/O	Proper cooking time & temperatures		
					17	IN OUT N/A N/O	Proper reheating proc for hot holding		
Employee Health									
2	IN OUT	Management awareness; policy present			18	IN OUT N/A N/O	Proper cooling time & temperatures		
3	IN OUT	Proper use of reporting, restriction & exclusion			19	IN OUT N/A N/O	Proper hot holding temperatures		
Good Hygienic Practices									
4	IN OUT N/O	Proper eating, tasting, drinking, or tobacco use			20	IN OUT N/A	Proper cold holding temperatures		
5	IN OUT N/O	No discharge from eyes, nose, and mouth			21	IN OUT N/A N/O	Proper date marking & disposition		
Preventing Contamination by Hands									
6	IN OUT N/O	Hands clean & properly washed			22	IN OUT N/A N/O	Time as public health control; proc & rec		
7	IN OUT N/A N/O	No bare hand contact with RTE foods or approved alternate method properly followed			Consumer Advisory				
8	IN OUT	Adequate handwashing facilities supplied & accessible			23	IN OUT N/A	Consumer advisory provided for raw or undercooked foods		
Approved Sources									
9	IN OUT	Food obtained from approved source			Highly Susceptible Populations				
10	IN OUT N/A N/O	Food received at proper temperature			24	IN OUT N/A	Pasteurized foods used; prohibited foods not offered		
11	IN OUT	Food in good condition, safe & unadulterated			Chemical				
12	IN OUT N/A N/O	Required records available: shelf stock tags, parasite destruction			25	IN OUT N/A	Food additives: approved & properly used		
Protection from contamination									
13	IN OUT N/A	Food separated & protected			26	IN OUT N/A	Toxic substances properly identified, stored & used		
14	IN OUT N/A	Food-contact surfaces: cleaned & sanitized			Conformance with Approved Procedures				
15	IN OUT	Proper disposition of returned, previously served, reconditioned & unsafe food			27	IN OUT N/A	Compliance with variance, specialized process, & HACCP plan		

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals and physical objects into foods. Mark "X" in box if numbered item is not in compliance. Mark "X" in appropriate box for COS and/or R. COS=corrected on-site during inspection. R=repeat violation.

		COS	R			COS	R
Safe Food and Water							
28	Pasteurized eggs used where required			41	In-use utensils: properly stored		
29	Water & ice from approved source			42	Utensils, equip & linens: properly stored, dried & handled		
30	Variance obtained for specialized processing methods			43	Single-use & single-service articles: properly stored & used		
Food Temperature Control							
31	Proper cooling methods used; adequate equipment for temperature control			44	Gloves used properly		
Utensils, Equipment and Vending							
32	Plant food properly cooled for hot holding			45	Food & non-food contact surfaces cleanable, properly designed, constructed & used		
33	Approved thawing methods used			46	Warewashing facilities: installed, maintained, used: test strips		
34	Thermometers provided & accurate			47	Non-food contact surfaces clean		
Food Identification							
35	Food properly labeled; original container			Physical Facilities			
Prevention of Food Contamination							
36	Insects, rodents & animals not present; no unauthorized persons			48	Hot & cold water available; adequate pressure		
37	Contamination prevented during prep, storage & display			49	Plumbing installed; proper backflow devices		
38	Personal cleanliness			50	Sewage & waste water properly disposed		
39	Wiping cloths: properly used & stored			51	Toilet facilities: properly constructed, supplied & cleaned		
40	Washing fruits & vegetables			52	Garbage & refuse properly disposed; facilities maintained		
				53	Physical facilities installed, maintained & clean		
				54	Adequate ventilator & lighting: designated areas used		

Person in Charge (Signature) _____

Follow-up: YES **NO** (Circle one)

Inspector (Signature) _____

Follow-up Date: _____

☒ **APPROVED** ☐ **NEW**

☒ **RE-NEW**

☐ **RE-INSPECT**

FOOD ESTABLISHMENT INSPECTION REPORT

CITY OF TITUSVILLE
DEPARTMENT OF HEALTH

GREASE TRAP INSTALLED	
Yes	No

Date 10/2/19

Establishment
Save-A-Lot

Address/City/State/Zip Code
111 Diamond St.

Phone

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Bef	37°			Produce W.I	37
Milk	33°			Meat W.I	38
Eggs	36°			Walkers Fryer	=1
Sliced	36°			Dry Cook	39°
Ice Cream	-2				
Veggie	-1				
FEL	Yes				

[illegible]

Item Number	Item Description	Unit	Quantity	Unit Price	Total Price
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Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 of the food code.

No graduation violations not day in spite

Person in Charge (Signature) 

Date: 10/2/19

Inspector (Signature) 

Date: 10/2/19